



YES, I want to support the LBP Because She Cares Foundation

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Please use my contribution to help improve the lives of families in our community and support higher education goals for our youth.

\$5,000 \$3,000 \$1,000 \$500
 \$250 \$100 \$50 Other \$_____

FORM OF PAYMENT

Please make check or money order payable to the LBP Because She Cares Foundation. The foundation also accepts VISA, MasterCard and American Express.

VISA MasterCard American Express

Name as it appears on card _____
(Please print)

Card No. _____ Expiration Date _____ / _____ CV/CVW _____

Signature (required) _____

My gift is in memory of/thanksgiving for _____. If you would like us to inform the honoree of the gift made in their name, please provide their mailing address.

Mailing & Contact Information:

The Levester Boleware Palmer Because She Cares Foundation
9898 Bissonnet St., Suite 592
Houston, Texas 77036
donations@lbpbecausehecares.org

THANK YOU FOR YOUR SUPPORT!